

STATE OF ILLINOIS

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Facility Name: The Manor at Craig Farm

Report Period Beginning:

1/1/08

Ending:

12/31/08

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase		89,080	98,208	187,288	(4,128)	183,160	1
2	Housekeeping, Laundry and Maintenance		13,346	70,434	83,780		83,780	2
3	Heat and Other Utilities			53,470	53,470	(2,023)	51,447	3
4	Other (specify):							4
5	TOTAL General Services		102,426	222,112	324,538	(6,151)	318,387	5
B. Health Care and Programs								
6	Health Care/ Personal Care		2,417	170,970	173,387		173,387	6
7	Activities and Social Services		5,886	30,752	36,638		36,638	7
8	Other (specify):							8
9	TOTAL Health Care and Programs		8,303	201,722	210,025		210,025	9
C. General Administration								
10	Administrative and Clerical		7,505	145,642	153,147		153,147	10
11	Marketing Materials, Promotions and Advertising		2,358	12,345	14,703		14,703	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			16,761	16,761		16,761	13
14	Other (specify):							14
15	TOTAL General Administration		9,863	174,748	184,611		184,611	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)		120,592	598,582	719,174	(6,151)	713,023	16
Capital Expenses								
D. Ownership								
17	Depreciation			208,454	208,454	(11,110)	197,344	17
18	Interest			146,372	146,372		146,372	18
19	Real Estate Taxes			1,193	1,193		1,193	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			6,444	6,444		6,444	21
22	Other (specify):							22
23	TOTAL Ownership			362,463	362,463	(11,110)	351,353	23
24	GRAND TOTAL (Sum of lines 16 and 23)		120,592	961,045	1,081,637	(17,261)	1,064,376	24

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V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)		\$	17

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1				\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name 1	City 2
The Prairie's	Carbondale
St. Ann's Healthcare	Chester
Clinton Manor Nursing Home	New Baden
See Attached Schedule	

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
Greer Management Services	Carlyle	Management Co
JMG, LLC	Carlyle	Staffing Svc

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES NO

Name of related entity: _____ If yes, what is the value of those services? \$ _____
 (Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES NO

If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

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VIII. OWNERSHIP COSTS

A. Purchase price of land _____ Year land was acquired _____

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

*Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	40		2007	2007	\$ 4,018,051	\$ 146,111	28	\$ 146,111	\$	\$ 194,815	1
2											2
3											3
4											4
5											5
	Improvement Type										
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 4,018,051	\$ 146,111		\$ 146,111	\$	\$ 194,815	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$ 247,431	\$ 60,596	\$ 49,486	(11,110)	5	\$ 65,982	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 247,431	\$ 60,596	\$ 49,486	(11,110)		\$ 65,982	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

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IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? YES NO

	1	2	3	4	5	6	
	Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building		/ /	\$			3
4	Additions		/ /				4
5			/ /				5
6			/ /				6
7	TOTAL			\$			7

8. Is movable equipment rental included in building rental?
 YES NO

9. Rental amount for movable equipment \$ 5,949

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

	1	2		3	4	6		7	8	9				
		Related**				Amount of Note						Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense
		YES	NO			Original	Balance							
A. Directly Facility Related														
Long-Term														
1	Buena Vista National Bk		X	Mortgage	8/31/07	\$ 1,955,000	\$ 1,933,780	8/31/07	7.6000	\$ 136,928	1			
2	IL Hsg Development Auth		X	Mortgage	12/31/06	1,000,000	1,000,000	11/30/27	1.0000	9,444	2			
3					/ /			/ /			3			
Working Capital														
4					/ /			/ /			4			
5					/ /			/ /			5			
6					/ /			/ /			6			
7	TOTAL Facility Related					\$ 2,955,000	\$ 2,933,780			\$ 146,372	7			
B. Non-Facility Related														
8					/ /			/ /			8			
9					/ /			/ /			9			
10	TOTALS (lines 7, 8 and 9)					\$ 2,955,000	\$ 2,933,780			\$ 146,372	10			

* If there is an option to buy the building, please provide complete details on an attached schedule.

** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/08

(last day of reporting year)

	1	2	
	Operating	After	
		Consolidation*	
A. Current Assets			
1	Cash on Hand and in Banks	\$ 511,110	\$ 1
2	Cash-Patient Deposits		2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	104,505	3
4	Supply Inventory (priced at)		4
5	Short-Term Investments		5
6	Prepaid Insurance		6
7	Other Prepaid Expenses	51,185	7
8	Accounts Receivable (owners or related parties)	157,157	8
9	Other(specify):		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 823,957	\$ 10
B. Long-Term Assets			
11	Long-Term Notes Receivable		11
12	Long-Term Investments		12
13	Land	55,090	13
14	Buildings, at Historical Cost	4,018,051	14
15	Leasehold Improvements, at Historical Cost		15
16	Equipment, at Historical Cost	247,431	16
17	Accumulated Depreciation (book methods)	(290,757)	17
18	Deferred Charges		18
19	Organization & Pre-Operating Costs	30,213	19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(2,330)	20
21	Restricted Funds		21
22	Other Long-Term Assets (specify):		22
23	Other(specify):		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,057,698	\$ 24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,881,655	\$ 25

	1	2	
	Operating	After	
		Consolidation*	
C. Current Liabilities			
26	Accounts Payable	\$ 40,646	\$ 26
27	Officer's Accounts Payable		27
28	Accounts Payable-Patient Deposits		28
29	Short-Term Notes Payable		29
30	Accrued Salaries Payable		30
31	Accrued Taxes Payable		31
32	Accrued Interest Payable		32
33	Deferred Compensation		33
34	Federal and State Income Taxes		34
	Other Current Liabilities(specify):		
35	Other Accrued Liabilities	49,525	35
36	Accrued Developer Fee	394,985	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 485,156	\$ 37
D. Long-Term Liabilities			
38	Long-Term Notes Payable		38
39	Mortgage Payable	2,933,780	39
40	Bonds Payable		40
41	Deferred Compensation		41
	Other Long-Term Liabilities(specify):		
42			42
43			43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 2,933,780	\$ 44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,418,936	\$ 45
46	TOTAL EQUITY	\$ 1,462,719	\$ 46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,881,655	\$ 47

*(See instructions.)

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XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 1,034,207	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 1,034,207	3
B. Other Operating Revenue			
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	4,128	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 4,128	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	11,422	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 11,422	14
D. Other Revenue (specify):			
15	Cable TV Income	2,023	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 2,023	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 1,051,780	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	324,538	19
20	Health Care/ Personal Care	210,025	20
21	General Administration	184,611	21
B. Capital Expense			
22	Ownership	362,463	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 1,081,637	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (29,857)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (29,857)	31

VII: RELATED ORGANIZATIONS

A.	RELATED SLF's & HEALTH CARE BUSINESSES			
	<u>Name</u> <u>1</u>	<u>City</u> <u>2</u>		
	Manor at Mason Woods	Pinckneyville		
	Manor at Salem Woods	Salem		

C.	Related Organization	Nature of Expenditure	Facility Book Value	Actual Cost
	Greer Management Services, Inc.	Management Services	\$ 55,076	\$ 52,942
	JMG II, LLC	Staffing Services	\$ 403,718	\$ 391,417

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Page 3, Schedule IV - Adjustments

Line	Amount	Description
1	(4,128.00)	Non-allowable meals not directly related to SLF resident care
3	(2,023.00)	Non-allowable Cable TV expense
17	(11,110.00)	Depreciation adjustment